

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000007804

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: MEMORY LANE SYNDICATION, INC.

## Current Principal Place of Business:

5100 W. COPANS RD  
SUITE 710  
MARGATE, FL 33063

## New Principal Place of Business:

## Current Mailing Address:

5100 W. COPANS RD  
SUITE 710  
MARGATE, FL 33063

## New Mailing Address:

FEI Number: 20-2174014      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BERNS, MARTIN A  
5100 W. COPANS RD  
SUITE 710  
MARGATE, FL 33063 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: BERNS, MARTIN A  
Address: 5100 W. COANS RD, SUITE 710  
City-St-Zip: MARGATE, FL 33063

Title: CHAI ( ) Delete  
Name: BERNS, EUGENE H  
Address: 5100 W. COPANS RD, SUITE 710  
City-St-Zip: MARGATE, FL 33063

Title: D (X) Delete  
Name: HOLLANDER, BRUCE  
Address: 5100 W. COPANE RD SUTIE 710  
City-St-Zip: MARGATE, FL 33063

Title: CFO (X) Delete  
Name: FRANHUDEI, ALFRED  
Address: 5100 W COPANE RD SUITE 710  
City-St-Zip: MARGATE, FL 33063

Title: DIR (X) Delete  
Name: HILL, THOMAS C  
Address: 10258 VESTRAL MANOR  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: S (X) Delete  
Name: FERNANDEZ, ALFRED  
Address: 5100 W COPANS RD SUITE 710  
City-St-Zip: MARGATE, FL 33063

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIR (X) Change ( ) Addition  
Name: BERNS, MARTIN A  
Address: 5100 W. COPANS RD, SUITE 710  
City-St-Zip: MARGATE, FL 33063

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN A BERNS

PRES

04/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date